

STATE OF MAINE
BOARD OF SOCIAL WORK LICENSURE
APPLICATION FOR LICENSURE
LICENSED CLINICAL SOCIAL WORKER



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine 04345



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	
Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Board of Social Worker Licensure	
Licensed Clinical Social Worker (LC1421)	Office Use Only: 1421 - \$70.00 2619 - \$21.00
Required Fee: \$91.00 (Non-Refundable)	
Rev. 12/2021	Office Use Only: Check # _____ Amount: _____ Cash # _____ Lic. # _____

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:	
NAME OF CARDHOLDER (please print)	FIRST MIDDLE INITIAL LAST
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____	
<input type="checkbox"/> I understand that fees are non-refundable	
Card number: XXXX-XXXX-XXXX-XXXX	Expiration Date mm / yyyy
SIGNATURE	DATE

Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Degree Granted:

Date Conferred:

Graduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Choose one: ☐ Clinical Track ☐ Non-Clinical Track

Degree Granted:

Date Conferred:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a social work examination?

[] YES [] NO

If yes:

Which Exam & Level?	Date Taken:
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Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. [] YES [] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. [] YES [] NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____

Social Work Board

- Licensing Law for Social Workers

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html>

- Licensing Rules for Social Workers

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <https://www.maine.gov/sos/cec/rules/02/chaps02.htm#416>

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.

I agree to abide by the Maine Board of Social Worker Licensure Statutes, Board Rules, Laws and Rules related to licensure as a Conditional Social Worker. Above is a list of the relevant laws and rules and information to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

Printed Name of Applicant	Pending #
Signature of Applicant	Date

LICENSED CLINICAL SOCIAL WORKER

Applicants must submit the documentation and fees as outlined in the checklist below.

- ☐ Completed and signed Application; and
- ☐ Payment of a License fee of \$70.00; and
- ☐ Payment of a Criminal History fee of \$21.00; and

Note: All fees can be in one payment.

- ☐ A copy of your Official Transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited program (if not submitted previously); and
- ☐ Verification of Consultation Forms; (Please refer to Chapter 3, Section 1(H)(3) of the Board rules for further clarification.); and
- ☐ Official documentation of successful passage of the required examination (Clinical); and
- ☐ License Verification. An Official Verification of Licensure Form from the jurisdiction(s) in which the applicant was ever licensed (online verifications are acceptable)

Please note: Candidates who have not submitted the above items within one (1) year will be required to submit new applications and fees if they still wish to be considered for licensure.



STATE OF MAINE
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AND FINANCIAL REGULATION
STATE BOARD OF SOCIAL WORKER LICENSURE
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035
FAX:(207)624-8637

VERIFICATION OF CONSULTATION FORM
Page 1 of 2

Use a separate form for each person verifying experience and for each employment setting.
If more space is needed, attach an additional sheet. Please print clearly.

Licensee Data (To be completed in full by Licensee)		
Name of Licensee:		License Number:
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		Original Licensure Date:
Place of Employment During Consultation Period:		

Consultant Data (To be completed in full by Consultant)		
Name of Consultant:		License Number:
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		Home Telephone:
Consultant's Education/School:		
Year Graduated		Degree Awarded:

VERIFICATION OF CONSULTATION FORM
Page 2 of 2

Licensee Consultation Information (To be completed in full by Consultant)	
Total Number of Hours Licensee Worked Per Week	
Total Number of Hours Per Month Individual Supervision/Consultation Was Given	
Total Number of Hours Per Month Group Supervision/Consultation Was Given	
Total Number of Hours Licensee Worked During the Period Listed Below	
Dates the Applicant was Under your Supervision: From _____ To _____ <div style="text-align: center; font-size: small; margin-top: -10px;">month/day/year month/day/year</div>	
<div>1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
<div>2. Please state briefly licensee's personal character, ethical conduct, and competence:</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
<div>3. Do you recommend that this person be re-licensed? [] YES [] NO</div> <div style="margin-left: 20px;">If not, please describe why:</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	

ADDITIONAL RESOURCES

- ASWB Social Work Licensing Examination Candidate Handbook
Available: <http://www.aswb.org/handbook.pdf>
- Licensing Law for Social Workers
Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.
Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html>
- Licensing Rules for Social Workers
Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.
Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#416>
- National Association of Social Workers (NASW) Code of Ethics
Available: <http://www.naswdc.org/pubs/code/> or call 1-800-638-8799 ext. 238
- Statutory Authority, Titles 5 & 10
Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials by mail or hand delivery to our offices. Submissions by fax or e-mail will not be accepted. Applications are reviewed in the order received.
- If there are deficiencies with your application, you will be notified by email. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications and fees if they still wish to be considered for examination.
- **Please do not call our office regarding the status of your application.** Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address- 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:
<http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- ♦ Complete every item on the application.
- ♦ Sign and date your application.
- ♦ Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- ♦ Make a copy of your application to keep for your records.